

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41180

State File No.

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 217	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. LENGTH OF STAY (If this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u>		d. STREET ADDRESS (If rural, give location) <u>1480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County E. Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eolia</u>		b. (Middle) <u>Lula</u>		c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 8, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec. 15, 1868</u>		9. AGE (In years last birthday) <u>82</u> If UNDER 1 YEAR Months <u>11</u> Days <u>23</u> If UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13a. FATHER'S NAME <u>Joe Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wilkerson</u>		14. NAME OF HUSBAND OR WIFE <u>Tom White (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fannie Frazier Grain Valley, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MALNUTRITION (STARVATION)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2865				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>11-30</u> , 19 <u>50</u> , to <u>12-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-8-50</u> , 19 <u></u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. Eames, M.D.</u>				23b. ADDRESS <u>Indep. Mo.</u>		23c. DATE SIGNED <u>10 Dec 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC. 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Donald C. Eames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welf Funeral Home Oak Grove Mo.</u>		ADDRESS <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 22 RECD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2353

P. O. Address Bluesprings m.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.